

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 81

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Gutknecht For U.S. Congress Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Glen Christensen Mailing Address 23971 County RD. 10 City State Zip Code Sleepy Eye MN 56085 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Christensen Farms Occupation Hog Farmer Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 4200.00		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 1 / 2 0 0 6 <b>Transaction ID:</b> IC000050107 Amount of Each Receipt this Period 2100.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) Glen Christensen Mailing Address 23971 County RD. 10 City State Zip Code Sleepy Eye MN 56085 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Christensen Farms Occupation Hog Farmer Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 4200.00		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 1 / 2 0 0 6 <b>Transaction ID:</b> IC000050149 Amount of Each Receipt this Period 2100.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b> Full Name (Last, First, Middle Initial) Robert A. Christensen Mailing Address 23971 CTY Road 10 City State Zip Code Sleepy Eye MN 56085 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Christensen Farms Occupation Hog Farmer Receipt For: 2006 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 4200.00		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 1 / 2 0 0 6 <b>Transaction ID:</b> IC000050150 Amount of Each Receipt this Period 2100.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

6300.00

TOTAL This Period (last page this line number only) .....